

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026421

STATE FILE NUMBER

FILED AUG 13 1958

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

174

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR COUNTY HOSPITAL		d. STREET ADDRESS 507 S. 6th, St.	
Length of stay in hospital 2 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Nellie Sparks		4. DATE OF DEATH Month Day Year Aug. 4, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Cafe	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11a. FATHER'S NAME John Sullivan		11b. MOTHER'S MAIDEN NAME Allie Spiller	11c. NAME OF HUSBAND OR WIFE Jonn Sparks
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		13. SOCIAL SECURITY NO. X	14. INFORMANT John Sparks Address Hayti, Mo.
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Undifferentiated Adenocarcinoma Origin Unknown DUE TO (c) 1992			INTERVAL BETWEEN ONSET AND DEATH 18 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-29-57 to 8/4/58 and last saw her alive on 8/4/58 Death occurred at 8:28 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John K. Schubert, M.D.		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 8/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-6-58	23c. NAME OF CEMETERY OR CREMATORY East Woodlawn	23d. LOCATION (City, town, or county) (State) Hayti, Mo.
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 8-5-58	26. REGISTRAR'S SIGNATURE John W. Gorman

AUG 11 1958

COLUMBIANSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *James A. Isburn*

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.